

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/577,973 FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2	1							52					
3	12							53					
4	11							54					
5	10							55					
6	10							56					
7	10							57					
8	10							58					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1	↓		↓		↓		TOTAL IND.	↓		↓		↓
TOTAL DEP.	19	←		←		←		TOTAL DEP.	←		←		←
TOTAL CLAIMS	20	████████		████████		████████		TOTAL CLAIMS	████████		████████		████████